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**State:** District of Columbia **Filing Company:** RLI Insurance Company  
**TOI/Sub-TOI:** 17.0 Other Liability-Occ/Claims Made/17.0020 Commercial Umbrella and Excess  
**Product Name:** Executive Products Program  
**Project Name/Number:** Additional Follow Form Endorsements/EPG-0318-F-XSFF

## Filing at a Glance

Company: RLI Insurance Company  
Product Name: Executive Products Program  
State: District of Columbia  
TOI: 17.0 Other Liability-Occ/Claims Made  
Sub-TOI: 17.0020 Commercial Umbrella and Excess  
Filing Type: Form  
Date Submitted: 05/04/2018  
SERFF Tr Num: RLSC-131480479  
SERFF Status: Closed-APPROVED  
State Tr Num:  
State Status:  
Co Tr Num: EPG-0318-F-XSFF  
  
Effective Date: 07/01/2018  
Requested (New):  
Effective Date: 07/01/2018  
Requested (Renewal):  
Author(s): Tom Hokanson  
Reviewer(s): Carmen Belen (primary)  
Disposition Date: 05/14/2018  
Disposition Status: APPROVED  
Effective Date (New): 07/01/2018  
Effective Date (Renewal): 07/01/2018

**State:** District of Columbia **Filing Company:** RLI Insurance Company  
**TOI/Sub-TOI:** 17.0 Other Liability-Occ/Claims Made/17.0020 Commercial Umbrella and Excess  
**Product Name:** Executive Products Program  
**Project Name/Number:** Additional Follow Form Endorsements/EPG-0318-F-XSFF

## General Information

Project Name: Additional Follow Form Endorsements Status of Filing in Domicile: Pending  
Project Number: EPG-0318-F-XSFF Domicile Status Comments:  
Reference Organization: Not Applicable Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 05/14/2018  
State Status Changed: Deemer Date:  
Created By: Tom Hokanson Submitted By: Tom Hokanson  
Corresponding Filing Tracking Number: Not Applicable

### Filing Description:

Attached for your review and approval are five additional endorsements that RLI Insurance Company proposes to use in writing Excess Liability coverage on a following form basis. These forms will be used by our Executive Products Program (EPG) which offers professional and management liability insurance for medium-sized to very large risks. We ask that this filing be approved for use with policies written to be effective on and after July 1, 2018, or concurrent with your earlier approval, if permitted.

The endorsements are new and neither revise nor replace any endorsements previously submitted by RLI Insurance Company or approved by the Department for RLI's use. Initially, these endorsements will be used in conjunction with RLI's recently introduced Excess Cyber Liability product. However, upon implementation they will also be available as needed and appropriate for use with any other excess liability coverage written by EPG on a following form basis. A "following form basis" means RLI's additional limits of liability will apply subject to the same terms and conditions as provided by the insured's primary insurance coverage. The following form approach enables RLI to provide the insured excess limits of liability coverage without the conflict of differing policy provisions that could potentially cause gaps in coverage or delays in the handling of claims. An Index/Synopsis which provides a comment on the purpose and use of each of these endorsements is included under the Supporting Documentation tab of this submission.

None of the submitted endorsements are premium bearing nor do they have an impact on the rating of the policies to which they attach.

To the best of our knowledge and belief the endorsements and supporting documents are in compliance with and satisfy your Department's filing requirements for excess liability forms. However, if there are questions or if anything additional is desired regarding this submission, please do not hesitate to contact me either through SERFF or directly as indicated below prior to taking adverse action.

Your time and consideration in review of this submission are very much appreciated.

Sincerely,

Tom Hokanson

Senior Analyst, Insurance Department Affairs

phone:(800) 331-4929 ext. 5527

e-mail:tom\_hokanson@rlicorp.com

## Company and Contact

### Filing Contact Information

Tom Hokanson, Sr. Analyst

tom\_hokanson@rlicorp.com

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9025 N. Lindbergh Dr. 800-331-4929 [Phone] 5527 [Ext]  
Peoria, IL 61615

### Filing Company Information

RLI Insurance Company	CoCode: 13056	State of Domicile: Illinois
9025 N Lindbergh Drive	Group Code: 783	Company Type: P&C
Peoria, IL 61615	Group Name: RLI Insurance Group	Domestic Stock
(800) 331-4929 ext. [Phone]	FEIN Number: 37-0915434	State ID Number:

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### Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

<b>SERFF Tracking #:</b>	RLSC-131480479	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	EPG-0318-F-XSFF
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	RLI Insurance Company		
<b>TOI/Sub-TOI:</b>	17.0 Other Liability-Occ/Claims Made/17.0020 Commercial Umbrella and Excess				
<b>Product Name:</b>	Executive Products Program				
<b>Project Name/Number:</b>	Additional Follow Form Endorsements/EPG-0318-F-XSFF				

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Carmen Belen	05/14/2018	05/14/2018

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	RLI Insurance Company
<b>TOI/Sub-TOI:</b>	17.0 Other Liability-Occ/Claims Made/17.0020 Commercial Umbrella and Excess		
<b>Product Name:</b>	Executive Products Program		
<b>Project Name/Number:</b>	Additional Follow Form Endorsements/EPG-0318-F-XSFF		

## Disposition

Disposition Date: 05/14/2018  
Effective Date (New): 07/01/2018  
Effective Date (Renewal): 07/01/2018  
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Readability Certificate	APPROVED	Yes
Supporting Document	Consulting Authorization	APPROVED	Yes
Supporting Document	Copy of Trust Agreement	APPROVED	Yes
Supporting Document	Expedited SERFF Filing Transmittal Form	APPROVED	Yes
Supporting Document	Index / Synopsis of Submitted Endorsements	APPROVED	Yes
Form	Non-Follow Form Endorsement	APPROVED	Yes
Form	Pending & Prior Litigation Date	APPROVED	Yes
Form	Underlying Drop Down Sublimit Endorsement	APPROVED	Yes
Form	Delete Conditions Section 5	APPROVED	Yes
Form	Include Any Other Source & Delete No Broader Primary Follow Form Endorsement	APPROVED	Yes

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	RLI Insurance Company
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<b>Product Name:</b>	Executive Products Program		
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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	APPROVED 05/14/2018	Non-Follow Form Endorsement	XFEO 631	(02/18)	END	New		0.000	XFEO 631 0218.pdf
2	APPROVED 05/14/2018	Pending & Prior Litigation Date	XFEO 634	(02/18)	END	New		0.000	XFEO 634 0218.pdf
3	APPROVED 05/14/2018	Underlying Drop Down Sublimit Endorsement	XFEO 635	(02/18)	END	New		0.000	XFEO 635 0218.pdf
4	APPROVED 05/14/2018	Delete Conditions Section 5	XFEO 636	(02/18)	END	New		0.000	XFEO 636 0218.pdf
5	APPROVED 05/14/2018	Include Any Other Source & Delete No Broader Primary Follow Form Endorsement	XFEO 637	(02/18)	END	New		0.000	XFEO 637 0218.pdf

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

Effective Date of  
this Endorsement:

Insurer: **RLI Insurance Company**

Issued to:

To be attached to and form part of  
Policy No.:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **NON-FOLLOW FORM ENDORSEMENT**

It is hereby understood and agreed that:

1. Notwithstanding anything in this Policy to the contrary, coverages under this Policy shall not follow or apply in conformance with, and the Insurer shall not be liable for any loss covered under any **Underlying Insurance** by reason of, the following provision(s) of the **Primary Policy** or any similar provision in any other **Underlying Insurance**:

Non-Follow Form Provision(s):

2. Any payment by the insurers of the **Underlying Insurance** of loss which is not covered under this Policy by reason of this Endorsement shall reduce or exhaust the **Underlying Limit** for purposes of determining when liability for other covered loss attaches to the Insurer under this Policy.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Effective Date of  
this Endorsement:

Insurer: **RLI Insurance Company**

Issued to:

To be attached to and form part of  
Policy No.:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **PRIOR OR PENDING DATE ENDORSEMENT**

It is hereby understood and agreed that this Policy is intended to follow the Pending or Prior Litigation Exclusion of the **Primary Policy**, provided that the Pending or Prior Date for this Policy shall be the date indicated below:

Pending or Prior Date:

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.



Effective date of  
this endorsement:

Insurer: **RLI Insurance Company**

Issued to:

To be attached to and form part of  
Policy No.:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## UNDERLYING DROP DOWN SUBLIMIT ENDORSEMENT

It is hereby understood and agreed that:

1. Solely with respect to any **Sublimit Coverage** as defined below, Conditions, Section 3. of this Policy is deleted in its entirety and **DEFINITIONS**, 2.(e) "**Underlying Limit**" is amended to read as follows:

(e) "**Underlying Limit**" means the amount equal to the aggregate of all sublimits applicable to the respective **Sublimit Coverage** under all **Underlying Insurance** plus the applicable uninsured retention, if any, under the **Primary Policy**."

2. For purposes of this Endorsement, "**Sublimit Coverage**" means any of the following coverages which are afforded pursuant to the following respective provisions of the **Primary Policy** and which are subject to the following respective sublimits under the **Primary Policy** and **Underlying Insurance**:

<u>Coverage</u>	<u>Primary Policy Provision</u>	<u>Sublimit</u>
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3. The Insurer's maximum aggregate liability under this Policy with respect to each **Sublimit Coverage** afforded under this Policy, by reason of this Endorsement, shall be the respective **Primary Policy** sublimit referenced above for each such **Sublimit Coverage**. This Policy will drop down and provide coverage over the **Primary Policy Sublimit Coverage** as per paragraph 2. of this Endorsement. Furthermore, this Policy will recognize any erosion of the **Underlying Limit** due to payment of loss under a sublimit. Each such sublimit under this Policy is a part of and not in addition to the Insurer's maximum aggregate liability under this Policy as set forth in Item 3. of the Declarations.
4. For any **Sublimit** not specifically listed above in paragraph 2: (a) coverage under this Policy shall not drop down excess of such **Sublimit**; but, (b) the **Underlying Limit** shall be recognized hereunder as depleted to the extent the insurers of the **Underlying Insurance** pay loss covered thereunder which is subject to such **Sublimit**.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Effective date of  
this endorsement:

Insurer: **RLI Insurance Company**

Issued to:

To be attached to and form part of  
Policy No.:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **DELETE CONDITIONS SECTION 5.**

It is hereby understood and agreed that **CONDITIONS**, Section 5. is deleted from this Policy in its entirety. Coverage under this Policy will follow the **Primary Policy** as respects this coverage section.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Effective date of:  
this endorsement:

Insurer: **RLI Insurance Company**

Issued to:

To be attached to and form part of  
Policy No.:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**INCLUDE ANY OTHER SOURCE & DELETE NO BROADER  
PRIMARY FOLLOWING FORM ENDORSEMENT**

It is agreed that:

1. **INSURING CLAUSE**, Section 1. of this Policy, is deleted in its entirety and replaced by the following:
  1. Subject to and except as otherwise stated in this Policy, the Insurer shall provide the **Insureds** with insurance in accordance with the limitations, conditions, provisions and other terms of the **Primary Policy**. Liability shall attach to the Insurer only after the insurers of the **Underlying Insurance**, the **Insureds** or any other source shall have paid in legal currency as Loss thereunder the full amount of the **Underlying Limit**. The Insurer's maximum aggregate liability for all Loss paid under this Policy shall be the Aggregate Limit of Liability as stated in Item 3. of the Declarations.
2. The first sentence of Section 4. of this Policy is deleted.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	Not Applicable To This Submission
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/14/2018

  

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	Not Applicable To This Submission
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/14/2018

  

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	Not Applicable To This Submission
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/14/2018

  

<b>Bypassed - Item:</b>	Expedited SERFF Filing Transmittal Form
<b>Bypass Reason:</b>	Not Applicable To This Submission
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/14/2018

  

<b>Satisfied - Item:</b>	Index / Synopsis of Submitted Endorsements
<b>Comments:</b>	Attached is the Index / Synopsis of submitted forms referenced in the Filing Description
<b>Attachment(s):</b>	1ndex-Synopsis CW.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/14/2018

**RLI Insurance Company  
Executive Products Group**

**EXCESS FOLLOW FORM ENDORSEMENTS**

**INDEX & SYNOPSIS**

For Use With Policy Form XFFEO 101				
Form Number	Form Title	Rate Impact	Mandatory Optional Elective	Synopsis & Use
XFFEO 631 (02/18)	Non-Follow Form Endorsement	No	Elective	Identifies sections of the underlying policy our coverage is NOT following. Also, amends our policy to recognize erosion of limits for payment of non-followed provisions by the underlying policy.  Used when the Insured requests or agrees that our policy should not follow certain provisions of the underlying insurance.
XFFEO 634 (02/18)	Pending & Prior Litigation Date	No	Elective	Adds a pending & prior litigation date to our policy when the underlying coverage contains an exclusion for Pending & Prior Litigation.  Used when the primary policy includes an exclusion for pending or prior litigation.
XFFEO 635 (02/18)	Underlying Drop Down Sublimit Endorsement	No	Elective	Amends our policy by allowing our coverage to drop down on identified Sub-limited Coverages listed on the endorsement.  Used when the Insured requests that our limits attach on certain coverages when the applicable sublimits in the underlying policies are exhausted.
XFFEO 636 (02/18)	Delete Conditions Section 5	No	Elective	Deletes Section 5. Subrogation, from our policy form and follows the primary policy's language.  Used when it is desired that the Subrogation provision of the underlying policy applies in lieu of our provision.
XFFEO 637 (02/18)	Include Any Other Source & Delete No Broader Primary Follow Form Endorsement	No	Elective	Clarifies the attachment point of our coverage. Amends the Insuring Clause by recognizing payments by "any other source". Removes the "no broader than" language and the drop down restriction regarding underlying coverage. Removes the maintenance of underlying requirement in Condition 4.  Used as necessary to clarify our coverage with respect to the underlying policies when it appears there is an ambiguity.